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For An Authorized Committee

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NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5 \	
ADDRESS (number and street) Check if different than previously reported. (ACC) FEC IDENTIFICATION NO.	2.6 10 PA R 1 ROB B 1 N 5 D 1 UMBER ▼ C	TY ⁴	STATE AMENDED (A)	ZIP CODE STATE V DISTRICT
4. TYPE OF REPORT (Ch. (a) Quarterly Reports: April 15 Quarterly F July 15 Quarterly F October 15 Quarter January 31 Year-En Termination Report	Report (Q1) Report (Q2) Report (Q3) Report (YE) Report (C) 30-D	Primary (12P) Convention (12C) Stion on M M M / D D General (30G)	General (12G) Special (12S)	in the State of Special (30S) in the State of S
5. Covering Period OI 2011 through OG 30 2011 I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer CHARLES E. MACARTHUR, Te. Signature of Treasurer Pour E. Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.				
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